

**IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF MISSISSIPPI  
SOUTHERN DIVISION**

JOHN A. ORTLAND

PLAINTIFF

V.

CIVIL ACTION NO. 1:07cv1075LG-RHW

SHERIFF BRISOLARA, FORMER  
SHERIFF GEORGE H. PAYNE, JR.,  
MAJOR DIANNE GASTON-RILEY,  
CAPTAIN PHIL TAYLOR, et al.

DEFENDANTS

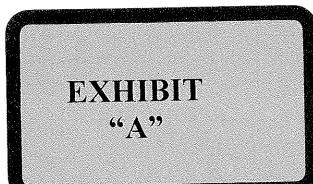
STATE OF MISSISSIPPI

COUNTY OF HARRISON

**AFFIDAVIT OF WARDEN DONALD CABANA  
HARRISON COUNTY SHERIFF'S OFFICE**

PERSONALLY CAME AND APPEARED BEFORE ME the undersigned authority  
in and for the County and State aforesaid, the within named, DONALD CABANA, who,  
after first being duly sworn by me on his oath, did depose and state the following:

1. My name is DONALD CABANA, and I am over the age of twenty-one (21) years. I am the Director of Corrections for the Harrison County Adult Detention Center and have held this position since August 18, 2006. I have personal knowledge of the matters and facts contained in this Affidavit and I am competent to testify to the matters stated herein.



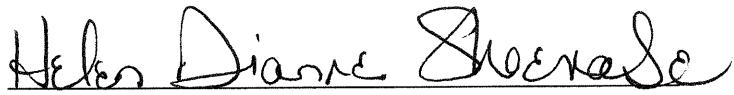
2. As Director of Corrections for the Harrison County Sheriff's Office, I have first hand knowledge of the maintenance and/or storage of records of the Harrison County Sheriff's Office for the Adult Detention Center and what those records reflect, including inmate medical records, inmate court records, and policies of the Harrison County Sheriff's Office.
3. I have attached hereto as **Exhibit "1"** John Albert Ortland's inmate records. They are a true and correct copy of Plaintiff's inmate records contained in the files of the Harrison County Adult Detention Center, which are maintained in the regular course of the law enforcement function of the Sheriff of Harrison County and the Harrison County Adult Detention Center, and were generated in the regular course and pursuant to the regular activities of and duties imposed by law upon the office of the Harrison County Sheriff and made at or near the time of the matters set forth or from information transmitted by, a person with knowledge of those matters.
4. There is no inmate record of any incident, or complaint of an incident, involving Correctional Officers and Plaintiff during all relevant times of the Plaintiff's incarceration on September 8, 2004.
5. I have attached hereto as **Exhibit "2"** relevant portions of Seal's medical records contained in the files of the Harrison County Adult Detention Center, which are maintained in the regular course of the law enforcement function of the Sheriff of Harrison County and the Harrison County Adult Detention Center, and were generated in the regular course and pursuant to the regular activities of and duties imposed by law upon the office of the Harrison County Sheriff and made at or near the time of the matters set forth or from

information transmitted by, a person with knowledge of those matters.

I certify the above declaration is true and correct under penalty of perjury.

  
\_\_\_\_\_  
Affiant/Donald Cabana  
Harrison County, Mississippi

Sworn to and subscribed before me on this the 19 day of November, 2009.

  
\_\_\_\_\_  
Helen Dianne Shoemake  
Notary Public





*Sheriff George H. Payne Jr.*

This is the Code Amber Amber Alert Ticker: Click Here to add th

U.S. Aircraft - HIGH

4:19:04 pm

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#### Personal Information

Name: ORTLAND, JOHN ALBERT  
 Date Of Birth: 7/29/1940 (appr. 64 yo at time of arrest)  
 Address: 1835 E PASS RD LOT # 60 GULFPORT, Mississippi 39501  
 Race: W  
 Sex: M  
 Booking Date: 9/8/2004 4:49:00 AM  
 Release Date: 9/8/2004 10:26:00 AM

No Mugshot Available

#### Charges

##### INTER W/DUTIES OF A POLICE OFF (Misdemeanor)

Arrested By: GULFPORT  
 Arrest Location: Not Listed  
 Status: NEEDS INITIAL APPEARANCE  
 Status Date: 11/30/1899  
 Court Date: 9/10/2004 9:00:00 AM (Approximate time)  
 Bail Amount:  
 Bond Type: SURETY BOND  
 Bond Company: HARRISON COUNTY SHERIFF'S OFFICE  
 Sentence Description:

##### DISORDERLY CONDUCT (Misdemeanor)

Arrested By: GULFPORT  
 Arrest Location: Not Listed  
 Status: NEEDS INITIAL APPEARANCE  
 Status Date: 11/30/1899  
 Court Date: 9/10/2004 9:00:00 AM (Approximate time)  
 Bail Amount:  
 Bond Type: SURETY BOND  
 Bond Company: HARRISON COUNTY SHERIFF'S OFFICE  
 Sentence Description:

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Mailing Address: 10451 Larkin Smith Drive Gulfport, Ms 39503

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Currently, there are 98 people online

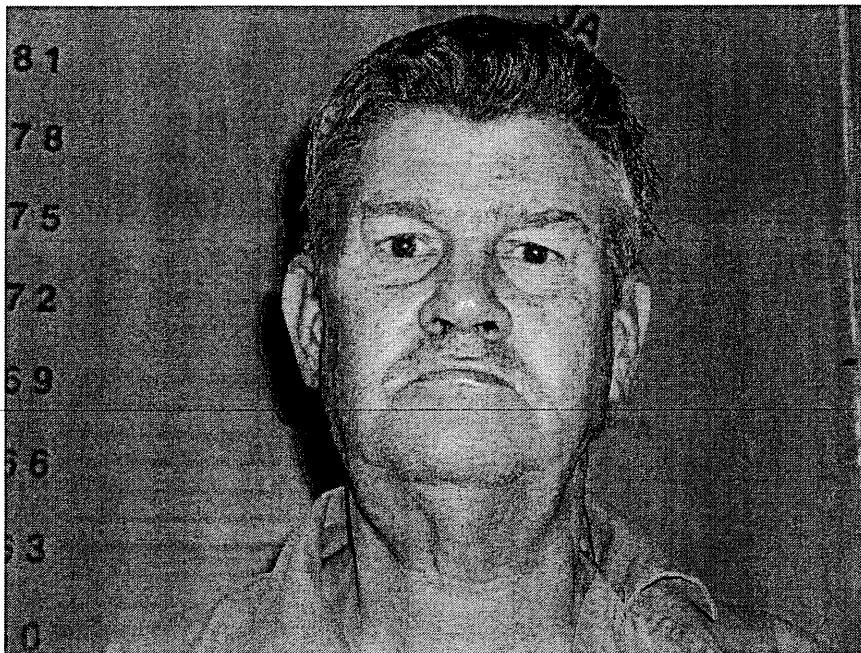
[Terms of Service](#)

**EXHIBIT  
“A-1”**

# BOOKING REPORT

## HARRISON COUNTY SHERIFF

### ORTLAND,JOHN ALBERT



Agency ID:	CJ000263129	Race:	W
Date of Birth:	19400729	Sex:	M
Place of Birth:	OKLAND,CA	Weight:	185
Social Security:	567561436	Height:	508
Occupation:	UNEMPLOYED	Hair:	BRO
Alias:		Eye:	BRO

## System Info Header

DocketID	CJ0000263129	SSN	567-56-1436	Severity	Misdemeanor	PIN	88438	Inmate Status	RELEASED	Release Estimation	09/08/2004
----------	--------------	-----	-------------	----------	-------------	-----	-------	---------------	----------	--------------------	------------

## Inmate photo

## Inmate name

Last	ORTLAND	Suffix		First	JOHN	Middle	ALBERT
------	---------	--------	--	-------	------	--------	--------

## Arrest

Arrest Date	09/08/2004	Arrest Time	04:49		
Arrest Tracking Nr		Arrest was made	O - ON VIEW		
Arresting agency	G	GULFPORT			
Arresting officer	229	Investigating office			
Street		City			
		State	UN - Unknown		

## Charge List

Case	Cause	Charge	Count	Status	Bond by	District	Set on	Severity	Amount
------	-------	--------	-------	--------	---------	----------	--------	----------	--------

04033518	2404, INTER W/DUTIES OF A POLICE	1	NI	2400	G	11/30/1899	M		
04033518	2401, DISORDERLY CONDUCT	1	NI	2400	G	11/30/1899	M		

Total 0.00

## Controls

New Charge

Combo Booking Repor

Charge Details

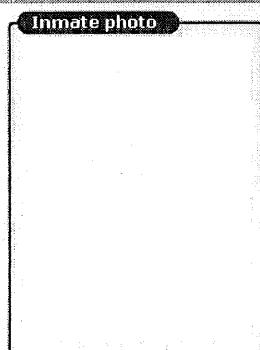
Next Screen

USER: FERRELL MADINE

DATE: 12:36:26 Wednesday 01/02/2008

PROCESSING:

F2 - Form Menu, F3 - Screen Menu, F10 - Logoff, F1 - Submit, F4 - Next Screen, F5 - Previous Screen,  
F6 - Add To List, F8 - Print ScreenJMS 1.4  
SP6



## Search Criteria

Booking Agency	<input type="text"/>	PIN	<input type="text"/>	DOC	<input type="text"/>
Detention Facility	<input type="text"/>	SSN	<input type="text"/>	Cause	<input type="text"/>
Docket ID	<input type="text"/>	DL	<input type="text"/>	Case	<input type="text"/>
Last Name	ORTLAND	First Name	JOHN	Middle Name	<input type="text"/>
Alias Last Name	<input type="text"/>	Alias First Name	<input type="text"/>	Alias Middle Name	<input type="text"/>
Booking Date	<input type="text"/> <input type="button" value="Calendar"/>	DOB	<input type="text"/> <input type="button" value="Calendar"/>		
Release Date	<input type="text"/> <input type="button" value="Calendar"/>	Last Charge Date	<input type="text"/> <input type="button" value="Calendar"/>		

## Search Criteria

Agency	<input type="text"/>	Charge	<input type="text"/>
Facility	<input type="text"/>	Block	<input type="text"/>
		Sector	<input type="text"/>
			Cel

## Inmate List

DocketID	Last Name	First Name	Middle Name	DOB	Last Booking	SSN	PIN	Facility Location	Release Date
CJ0000263129	ORTLAND	JOHN	ALBERT	07/29/1940	09/08/2004	567-56-1436	88438		09/08/2004

## Controls

USER: FERRELL MADINE

DATE: 10:57:29 Thursday 12/20/2007

PROCESSING:



F2 - Form Menu. F3 - Screen Menu. F10 - Logoff.  
F6 - Add To List. F8 - Print Screen

JMS 1.4  
SP6

**System Info Header**

DocketID	CJ0000263129	SSN	567-56-1436	Severity	Misdemeanor	PIN	88438	Inmate Status	RELEASED	Release Estimation	09/08/2004
----------	--------------	-----	-------------	----------	-------------	-----	-------	---------------	----------	--------------------	------------

**Inmate photo****Inmate name**

Last	ORTLAND	Suffix		First	JOHN	Middle	ALBERT
------	---------	--------	--	-------	------	--------	--------

**Bond Information**

Bond Company			?
--------------	--	--	---

Bond Amount		Receipt No	
-------------	--	------------	--

Description	
-------------	--

**Bond History**

Company Name	Amount	Receipt Number	Description
HARRISON COUNTY SHERIFF'S OFFICE	949.00	COURT PROGRAMS	

**Controls**

New

Save

Previous Screen

Next Screen

**USER:** FERRELL MADINE**DATE:** 12:55:20 Wednesday 01/02/2008**PROCESSING:** [REDACTED]F2 - Form Menu, F3 - Screen Menu, F10 - Logoff, F1 - Submit, F4 - Next Screen, F5 - Previous Screen,  
F6 - Add To List, FB - Print ScreenJMS 1.4  
SP6

## System Info Header

DocketID CJ0000263129 SSN 567-56-1436 Severity Misdemeanor PIN 88438 Inmate Status RELEASED Release Estimation 09/08/2004

## Inmate photo

## Inmate name

Last ORTLAND Suffix First JOHN Middle ALBERT

## Arrest

Arrest Date 09/08/2004 Arrest Time 04:49  
 Arrest Tracking Nr Arrest was made O - ON VIEW  
 Arresting agency G GULFPORT  
 Arresting officer 229 Investigating office  
 Street City State UN - Unknown

## Charge

Type 2404

INTER W/DUTIES OF A POLICE OFF ?

Counts 1

Severity Misdemeanor

Charge Status NI

NEEDS INITIAL APPEARANCE ?

Set or 11/30/1899

Credit Time Day

Sentence

Term Y M D

Bail Type SB - SURETY BOND

Concurrent

Bail amount

Set by Entry data incorrect ? On 11/04/2006

Case Agency G GULFPORT ?

Cause NIC ? St UN - Unknown

Attorney

Judge

Court Date 09/10/2004

Judicial Distric G

CITY OF GULFPORT

?

Warrant Date

## Drop Charge

Drop Date Time Description

## Controls

New Charge

Save

Print Report

Previous Screen

Charge Lis

USER: FERRELL MADINE

DATE: 12:37:02 Wednesday 01/02/2008

PROCESSING: [REDACTED]

F2 - Form Menu, F3 - Screen Menu, F10 - Logoff, F1 - Submit, F4 - Next Screen, F5 - Previous Screen,  
 F6 - Add To List, F8 - Print Screen

! JMS 1.4  
SP6

## System Info Header

DocketID CJ0000263129 SSN 567-56-1436 Severity Misdemeanor PIN 88438 Inmate Status RELEASED Release Estimation 09/08/2004

## Inmate photo

## Inmate name

Last ORTLAND

Suffix

First JOHN

Middle ALBERT

## Arrest

Arrest Date 09/08/2004

Arrest Time 04:49

Arrest Tracking Nr

Arrest was made O - ON VIEW

Arresting agency G

GULFPORT

Arresting officer 229

Investigating office

Street

City

State UN - Unknown

## Charge

Type 2401

DISORDERLY CONDUCT

Count: 1

Severity Misdemeanor

Charge Status NI

NEEDS INITIAL APPEARANCE

Set or 11/30/1899

Sentence

Term

Y

M

D

Credit Time Day

Bail Type

SB - SURETY BOND

Bail amount

Case Agency

G GULFPORT

Case 04033518

Concurrent

Set by

Entry data incorrect

On 11/04/2006

Cause

NIC

St UN - Unknown

Judge

Judicial Distric G

CITY OF GULFPORT

## Drop Charge

Drop

Date

Time

Description

## Controls

New Charge

Save

Print Report

Previous Screen

Charge List

USER: FERRELL MADINE

DATE: 12:37:45 Wednesday 01/02/2008

PROCESSING:

F2 - Form Menu, F3 - Screen Menu, F10 - Logoff, F1 - Submit, F4 - Next Screen, F5 - Previous Screen,  
F6 - Add To List, F8 - Print ScreenJMS 1.4  
SP6

System Info Header												
DocketID	CJ0000263129	SSN	567-56-1436	Severity	Misdemeanor	PIN	88438	Inmate Status	RELEASED	Release Estimation	09/08/2004	
Inmate photo		Inmate name										
		Last	ORTLAND	Suffix		First	JOHN	Middle	ALBERT			
MFS Feedback												
Not Verified By MFS												
Release												
Release Date		09/08/2004	Release Time	10:26								
Release Code		OA - OTHER AGENCY										
Release Officer		C1	SYSTEM,									
Release Authority												
Inmate Signature		<input type="radio"/> Signed	<input checked="" type="radio"/> Refused	Hold	Status	Description						
Controls												
Save		Print Report				Previous Screen		Next Screen				

USER: FERRELL MADINE  
 DATE: 12:39:14 Wednesday 01/02/2008  
 PROCESSING:

F2 - Form Menu. F3 - Screen Menu. F10 - Logoff. F1 - Submit. F4 - Next Screen. F5 - Previous Screen.  
 F6 - Add To List. F8 - Print Screen



JMS 1.4  
 SP6

NAME ORTLAND, JOHN ALBERT  
SOCIAL SECURITY 567561436

BOOKING DATE 9-8-2004 TIME 4:49 DOCKET NUMBER CJ 263129  
BIRTH DATE 7-29-1940 SEX M RACE W  
BOOKING OFFICER

FELONY CHARGES		CASE AGENCY	BOND	TYPE	AUTHORITY	AMOUNT
ID	CHARGE CODE DESCRIPTION	CASE AGENCY	NUMBER			
1434194	INTER W/DUTIES OF A POLICE O	2420		SB	GULFPORT CITY	622.00
1434195	DISORDERLY CONDUCT	2420		SB	GULFPORT CITY	327.00
9/8/2004	BSC G					
9/8/2004	CHRGSTAT NI	CHARGE ID 001434194				
9/8/2004	CHRGSTAT NI	CHARGE ID 001434195				
9/8/2004	MEDICAL ADD					
9/8/2004	RELEASED	OA				
9/8/2004	PROPERTY REL	PANTS TAN				
9/8/2004	PROPERTY REL	SHOES X2 BROWN				
9/8/2004	PROPERTY REL	PROPERTY ID 001161970				
9/8/2004	PROPERTY REL	BELT BLACK				
		PROPERTY ID 001161971				
		PROPERTY ID 001161974				

DATE	TIME	OFFICER	RELEASE TYPE	BOND COMPANY	
9/8/2004	10:26	261	OTHER AGENCY		
			BOND AMOUNT	949.00	RECEIPT NO

38104 0035 05:26:15 09/08/04

JH. MS0240001. NAM/ORTLAND, JOHN ALBERT. SEX/M. RAC/U. SOC/567561436

38104 38104 0036 05:26:32 09/08/04

NCIC 5327 05:26:34 09/08/04

1L0138104QW

1S0240001

NO NCIC WANT SOC/567561436

38104 0036 05:26:34 09/08/04

JH. MS0240001. NAM/ORTLAND, JOHN ALBERT. RAC/U. SEX/M. DOB/19400729. SOC/567561436. PUR/C. ATN/BOOKING PACKET NECAISE

38104 38104 0037 05:27:04 09/08/04

NCIC 5331 05:27:07 09/08/04

1L0138104QH

1S0240001

THIS NCIC INTERSTATE IDENTIFICATION INDEX RESPONSE IS THE RESULT OF YOUR INQUIRY ON NAM/ORTLAND, JOHN ALBERT SEX/M RAC/U DOB/19400729 SOC/567561436 PUR/C

JNAME FBI NO. INQUIRY DATE  
ORTLAND, JOHN ALBERT 609976 2004/09/08

SEX RACE BIRTH DATE HEIGHT WEIGHT EYES HAIR BIRTH PLACE PHOTO  
M W 1940/07/29 5'11 185 BRO BRO CALIFORNIA N

FINGERPRINT CLASS PATTERN CLASS  
7 12 10 60 CI RS RS RS LS LS LS LS LS LS  
6 12 10 14 11 WU WU

ALIAS NAMES

ORTLAND, JOHN A ORTLAND, JOHN ABLERT

SOCIAL SECURITY

167-56-1436

167-56-1456

167-56-9436

DENTIFICATION DATA UPDATED 1999/01/06

THE CRIMINAL HISTORY RECORD IS MAINTAINED AND AVAILABLE FROM THE FOLLOWING:

CALIFORNIA - STATE ID/CA02922676

THE RECORD(S) CAN BE OBTAINED THROUGH THE INTERSTATE IDENTIFICATION INDEX BY USING THE APPROPRIATE NCIC TRANSACTION.

END

8104 0037 05:27:07 09/08/04

JUVENILE INVOLVED

## UNIFORM ARREST/BOOKING FORM

BILOXI <input type="checkbox"/>		GULFPORT <input checked="" type="checkbox"/>		LONG BEACH <input type="checkbox"/>		PASS CHRISTIAN <input type="checkbox"/>		
D'IBERVILLE <input type="checkbox"/>		HARRISON COUNTY <input type="checkbox"/>		OTHER <input type="checkbox"/>				
Full Name of Person Arrested (Last, First, Middle) ORTLAND, JOHN ALBERT				Alias, Maiden, or Nickname				
Address of Defendant 1835 E. PASS RD, LT#60		Street / House Number GPT		City / State MS 39501		Home Telephone Number ( ) <input checked="" type="checkbox"/> None		
DL State CL		DL Number <input type="checkbox"/> None <input type="checkbox"/> Expired <input checked="" type="checkbox"/> Suspended		DL Type <input type="checkbox"/> Operators <input type="checkbox"/> Commercial		DL Expiration Date		
Occupation and Employer UNKNOWN				Social Security Number 567-56-1436		<input type="checkbox"/> Same as DL		
Age 64	Sex M	Race W	Height 508	Weight 511	Hair 185	Eyes BRO	Scars, Birth Marks, Tatoos, Amputations none	
Date of Birth 07/29/1940	Place of Birth (City & State) OKLAND CAL.				Contact in Event of Emergency none		Relationship N/A	
Contact's Address N/A	Street / House Number N/A		City / State N/A		Home Telephone Number ( )		Business Telephone Number ( )	
Date of Arrest 09/08/2004	Day of Arrest S M Tu W Th Fr Sa	Time of Arrest 02:32	Location of Arrest 1835 E. PASS RD, LT#60			<input type="checkbox"/> PLEA	COURT CLERK USE ONLY Disposition	
Charge / Offense IMPEDED DUTIES POLICE OFFICER	<input type="checkbox"/> Felony <input checked="" type="checkbox"/> Misdemeanor <input type="checkbox"/> Traffic		Date of Offense 09/08/2004	Court Date / Time 09/10/2004 09:00		Bond Amount \$622.00		
Charge / Offense DISORDERLY CONDUCT	<input type="checkbox"/> Felony <input checked="" type="checkbox"/> Misdemeanor <input type="checkbox"/> Traffic		Date of Offense 09/08/2004	Court Date / Time 09/10/2004 09:00		Bond Amount \$327.00		
Charge / Offense	<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Traffic		Date of Offense	Court Date / Time		Bond Amount		
Charge / Offense	<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Traffic		Date of Offense	Court Date / Time		Bond Amount		
Charge / Offense	<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Traffic		Date of Offense	Court Date / Time		Bond Amount		
<b>C S</b> <b>U U</b> <b>T T</b> <b>S A</b> <b>T T</b> <b>O O</b> <b>D D</b> <b>Y Y</b>	<input type="checkbox"/> Released - NO Charge <input checked="" type="checkbox"/> County Jail <input type="checkbox"/> Released - Summons <input type="checkbox"/> Juvenile Shelter <input type="checkbox"/> Pre-Trial Release <input type="checkbox"/> Juvenile Detention <input type="checkbox"/> Bond Company _____ <input type="checkbox"/> Cash Bail Receipt # _____		<input type="checkbox"/> Family Court <input checked="" type="checkbox"/> Municipal Court 1st <input type="checkbox"/> 2nd Judicial <input type="checkbox"/> <input type="checkbox"/> Justice <input type="checkbox"/> <input type="checkbox"/> Circuit <input type="checkbox"/> <input type="checkbox"/> Chancery <input type="checkbox"/> <input type="checkbox"/>	Check All Items That Apply <input type="checkbox"/> Drinking <input type="checkbox"/> Cooperative <input type="checkbox"/> Drunk <input type="checkbox"/> Resistive <input type="checkbox"/> Drugs <input type="checkbox"/> Belligerent		<input type="checkbox"/> Bond Authorized By Judge _____ HCSO _____ Municipal Court _____	Total Bond \$949.00	
Arresting Officer (ID # and Name) 5025 THOMPSON #229			Assisting Officer(s) (ID # and Name) none			Transporting Officer (ID # and Name) 5025 THOMPSON #229		
How was Arrest Made? Judge		<input type="checkbox"/> On View <input checked="" type="checkbox"/> On Call <input type="checkbox"/> Warrant Date of Warrant		Other Persons Arrested for Same Offense 1.		<input type="checkbox"/> None 2.		
Officer Fingerprinting & Photographing		Property Seized? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Telephone Call <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused # Called:		Detective Notified <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Name:		
Individual Armed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Weapon: By		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Hold Placed On Vehicle? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Authorized By		Supervisor Notified <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Name: GASTON		
Defendants Rights Given By		Date	Time	Place	Witness(es)			<input type="checkbox"/> Verbal <input type="checkbox"/> Form
none				N/A	N/A			
Detention Date/Time 09/08/04 - 0449		Officer (# & Name) J.S.C. 218		Property N/A	Phone Call Made # Called:	<input type="checkbox"/> Yes <input type="checkbox"/> No		Court Clerk Use Only Docket #: 263129
Facility Adult Detention <input checked="" type="checkbox"/> Juvenile Detention <input type="checkbox"/> Shelter <input type="checkbox"/>		Cell N/A	Fingerprints <input type="checkbox"/> Yes <input type="checkbox"/> No	Mug Shot Taken <input type="checkbox"/> Yes <input type="checkbox"/> No				Line # _____ Book # _____ DOC _____
Release Date/Time 09/08/04		Officer (# & Name) J.S.C. 201	Release Status (Bond or Time Served, Etc.) Court Program		Sheriff's Receipt # n/a			
NCIC <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Hit		NCIC #:	Charges				Agency	
DOC <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Hit		<input type="checkbox"/> Probation <input type="checkbox"/> Parole	County	Offense			Case Supervisor	
Old Fines <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Hit		Amount	Total Days Given	Docket Number		Case Number		
Juvenile-Parent or Guardian Name		Address		Street / House Number		City / State	Telephone #	Contacted By

What Prompted Arrest

SUBJ/ORTLAND REFUSED TO PROVIDE ID INFORMATION, DL, PLACE BIRTH, EMPLOYMENT. SUBJECT YELLED PROFANITY REPEATEDLY WITH OPEN DOOR AT RESIDENCE.

01 01

**HARRISON COUNTY SHERIFF'S DEPARTMENT  
ADULT DETENTION FACILITY  
PERSONAL PROPERTY FORM**

INMATES NAME: Ortland, John

ITEM	NO.	DESCRIPTION	ITEM	NO.	DESCRIPTION
EARRINGS			PANTS	1	Tan
BRACELETS			JACKET		
WATCH			HAT		
KEYS	1	on ring	SHIRT	1	Blue
LIGHTER			SHOES	2	Brown
WALLET			BELT	1	Black
DRIV LIC			T SHIRT		
CREDIT CARDS			KNIFE		
MEDICATION			GLASSES		
NECKLACES			RINGS		
CHECKBOOK			PURSE		
FOODSTAMPS			CASINO CHIPS		
CELL PHONE			PAGER		
CIGARETTES			UNDERWEAR		
MISC.			MISC.		
MISC.			MISC.		
MISC.			MISC.		
MISC.			MISC.		

LARGE PROPERTY YES/NO: IF YES NUMBER OF BAGS \_\_\_\_ BOXES \_\_\_\_

MONEY RECEIVED \_\_\_\_\_ RECEIPT NUMBER \_\_\_\_\_

I, CERTIFY THAT THE PERSONAL PROPERTY LISTED ABOVE IS ALL OF THE PROPERTY  
I HAD IN MY POSSESSION AT THE TIME OF ADMISSION.

INMATES SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

BOOKING OFFICER \_\_\_\_\_ DATE \_\_\_\_\_

ARRESTING OFFICER Rob Kifer DATE 09/08/09

QPADEV00

- (1) Page 2 (13) Charges (14) History (15) Property (16) Medical
- (17) Scheduling (18) Accounting (19) View Photo (20) Line-up (24) Exit

Docket: CJ 263129 Arrest Date 9 - 8 - 2004 Time 4 : 49 Ofcr 221  
Release Date 9 - 8 - 2004 Time 10 : 26 Ofcr 261

Rel Code OA OTHER AGENCY Bond Co \_\_\_\_\_  
Bond Amt 949.00 Receipt Number \_\_\_\_\_ Name COURT PROGRAMS  
=====

Name ORTLAND, JOHN ALBERT Alias \_\_\_\_\_  
Address 1835 E PASS RD LOT # 60 Occ: UNEMPLOYED  
City GULFPORT ST MS ZIP 39501 Phone ( ) - \_\_\_\_\_  
Race: W Sex: M Height 5 8 Weight 185 Hair BRO Eyes BRO  
SSN: 567561436 Driver License Num: DL State: \_\_\_\_\_  
DOB: 7 - 29 - 1940 Age 64 Birth City: OKLAND Birth State: CA  
File Number 88438 FBI Number \_\_\_\_\_ DOC Number \_\_\_\_\_

SMT: \_\_\_\_\_  
SMT: \_\_\_\_\_

Cell CJ HC4 HOLDING CELL 4 BSC Code G GULFPORT

Photograph Y (Y/N) Fingerprints N (Y/N) Phone Call Y (Y/N)

(en) or (24) Exit

Docket: CJ 263129 Arrest Date 9 - 8 - 2004 Time 4 : 49 Ofcr 221  
Release Date 9 - 8 - 2004 Time 10 : 26 Ofcr 261

Name ORTLAND, JOHN ALBERT Alias \_\_\_\_\_  
Address 1835 E PASS RD LOT # 60 Occ: UNEMPLOYED  
City GULFPORT ST MS ZIP 39501 Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Tracking Codes  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

----- Emergency Contact -----

Name NONE GIVEN Relation \_\_\_\_\_  
Address \_\_\_\_\_ Hm Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_ Wk Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_

## PROPERTY RELEASES/RETURNED

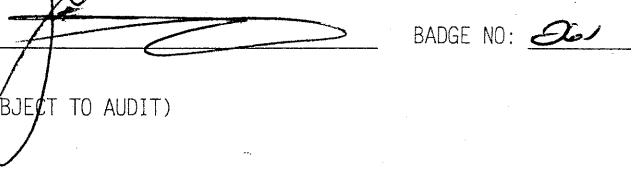
NAME ORTLAND, JOHN ALBERT  
SOCIAL SECURITY 567561436BOOKING DATE 9-8-2004 TIME 4:49 DOCKET NUMBER CJ 263129  
BIRTH DATE 7-29-1940 SEX M RACE W

RELEASED DATE	OFFICER	ITEM	DESCRIPTION	TO
9/ 8/2004	261	PANTS	TAN	BOOKING
9/ 8/2004	261	SHOES	X2 BROWN	BOOKING
9/ 8/2004	261	KEYS	ON RING	BOOKING
9/ 8/2004	261	SHIRT	BLUE	BOOKING
9/ 8/2004	261	BELT	BLACK	BOOKING

RETURNED DATE	OFFICER	ITEM	DESCRIPTION	TO
9/ 8/2004	261	BLANKET		BOOKING
9/ 8/2004	261	CUP		BOOKING
9/ 8/2004	261	SOAP		BOOKING
9/ 8/2004	261	SANDALS	TWO	BOOKING
9/ 8/2004	261	MATTRESS		BOOKING
9/ 8/2004	261	MATT COVER		BOOKING
9/ 8/2004	261	PANTS		BOOKING
9/ 8/2004	261	PROP SHEET		BOOKING
9/ 8/2004	261	SPoon		BOOKING
9/ 8/2004	261	T SHIRT		BOOKING
9/ 8/2004	261	SHEET		BOOKING
9/ 8/2004	261	TOOTHBRUSH		BOOKING
9/ 8/2004	261	TOOTHPASTE		BOOKING
9/ 8/2004	261	TOWEL		BOOKING

ARRESTEE/INMATE SIGNATURE: 

DATE:

OFFICER SIGNATURE: 

BADGE NO: 261

ACCOUNT BALANCE

(SUBJECT TO AUDIT)

Arrest No: CJ 263129 File # 88438 Name ORTLAND, JOHN ALBERT

Date	Time	Type	Code	Comment
09/08/2004	07:07	PERSON	ADD	
09/08/2004	07:13	BSC	G	
09/08/2004	07:14	CHRGSTAT	NI	
09/08/2004	07:15	CHRGSTAT	NI	
09/08/2004	07:17	PROPERTY	ACQ	PANTS TAN
09/08/2004	07:17	PROPERTY	ACQ	SHOES X2 BROWN
09/08/2004	07:17	PROPERTY	ACQ	KEYS ON RING
09/08/2004	07:17	PROPERTY	ACQ	SHIRT BLUE
09/08/2004	07:17	PROPERTY	ACQ	BELT BLACK
09/08/2004	07:17	PROPERTY	ISS	BLANKET
09/08/2004	07:17	PROPERTY	ISS	CUP
09/08/2004	07:17	PROPERTY	ISS	SOAP
09/08/2004	07:17	PROPERTY	ISS	PROP SHEET
09/08/2004	07:17	PROPERTY	ISS	TOWEL
09/08/2004	07:18	MEDICAL	ADD	
09/08/2004	10:26	RELEASED		OA
09/08/2004	10:26	PROPERTY	REL	PANTS TAN

Arrest No: CJ 263129 File # 88438 Name ORTLAND, JOHN ALBERT

Date	Time	Type	Code	Comment
09/08/2004	10:26	PROPERTY	REL	PANTS TAN
09/08/2004	10:26	PROPERTY	REL	SHOES X2 BROWN
09/08/2004	10:26	PROPERTY	REL	BELT BLACK
09/08/2004	10:26	PROPERTY	RET	BLANKET
09/08/2004	10:26	PROPERTY	RET	CUP
09/08/2004	10:26	PROPERTY	RET	PROP SHEET
04/06/2005	11:11	RECORDS	NUMB	
04/06/2005	11:11	PERSON	MOD	

Amount of Bond \$949.00	GPD	Harrison County Sheriffs Office Pre-Trial Release Supervision		Case Number 04-632518
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The following person, arrested for a misdemeanor,  
is hereby released after having agreed to appear in Court as stated below:

\* Failure to appear in Court will result in a Contempt of Court warrant being issued for your arrest \*

1. Name of Defendant (Last, First, Middle) <i>Ortland, John Albert</i>	2. Alias or Nickname	
3. Address of Defendant <i>1835 E Pass Rd lot 66 Gulfport, MS 39501</i>	4. Home Phone	
5. Employer and Address	6. Work Phone	
7. Arresting Officer No. 779 Name <i>Thompson</i>	8. Arrest Date <i>090804</i>	9. Time of Arrest <i>0232</i>
10. Charge/Offense <i>Impeding witness; Disorderly conduct</i>		

I, the undersigned defendant, do hereby agree as a condition of my Pre - Trial Release, I must report to a Pre - Trial Release officer at Court Programs, Inc., #28 29<sup>TH</sup> Street, Gulfport, Mississippi, (228) 864-0999, no later than

September 17<sup>th</sup> 2004, at 9:00 a.m. to 5:00 p.m.  
day of week/month

I also understand that my court date is September October 10<sup>th</sup> 2004, at 0900 a.m./p.m.  
day of week/month

**NOTE: FAILURE TO APPEAR AT COURT PROGRAMS, INC. WILL RESULT IN YOUR BEING CHARGED WITH CONTEMPT OF COURT AND A WARRANT WILL BE ISSUED FOR YOUR ARREST IMMEDIATELY.**

11. Defendant's Signature <i>John A. Ortland</i>	12. Date <i>090804</i>	
13. Releasing Supervisor <i>J. S. J.</i>	14. Date <i>090804</i>	15. Time <i>1030</i>
16. Person Released to <i>Court Programs</i>	17. Address	
18. Employer and Address		
19. Home Phone	20. Work Phone	
21. Additional Space for Comments (if needed)  <i>CJ 263129</i>		
22. SS#: <i>547-56-1636</i>		
23. Date of birth: <i>072940</i>		

HEALTH ASSURANCE LLC

CONSENT TO TREATMENT FORM

Orlando John

NAME OF INMATE

9-8-04

DATE

7-2-40

INMATE #/DOB

I hereby give my consent to Health Assurance LLC, its employees and agents to perform any diagnostic laboratory procedures, examinations, x-rays, oral or injected medications or other procedures recommended by the physician.

I am aware the practice of medicine is not an exact science and I acknowledge no guarantees have been made regarding the result of treatments or examinations performed by Health Assurance LLC.

I also authorize the transfer of my medical records or copies of said records to any facility to which I am referred for treatment or to any other correctional facility to which I am transferred.

I understand I may withdraw this consent to any specific treatment by refusing the treatment or test.

I sign this willingly in full understanding of the above and release Health Assurance LLC, its employees and agents from any and all liability which may arise from this action.

x John Q. Orlando  
INMATE SIGNATURE

9-8-04  
DATE

lmm  
WITNESS

WITNESS

HEALTH ASSURANCE L

Harrison County Adult Detention Facility  
10451 Larkin Smith Dr  
Gulfport, MS 39503  
(228)896-0646 Fax (228)896-0645

AUTHORIZATION FOR RELEASE OF INFORMATION

INMATE NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

I, \_\_\_\_\_ hereby authorize \_\_\_\_\_  
to release any and all of my medical record information to the above named facility.

Purpose of Disclosure: to continue treatment. This authorization includes the release of psychological, psychiatric, alcohol, drug abuse and HIV/AIDS data. This authorization included reviewing and/or copying all or portions of my medical record. I release Health Assurance LLC, Harrison County Adult Detention Facility and my physician from any responsibility or liability from the releasing of this information.

The patient has the right to revoke the authorization at any time by sending written notification to the above address. The revocation is not effective to the extent that this facility has taken action in reliance thereon or if the authorization was obtained as a condition of obtaining insurance and law provide the insurer with the right to contest a claim under the policy.

The information used or disclosed pursuant to the authorization may be subject to redisclosure by the recipient and no longer be protected by the privacy regulations.

I understand this authorization shall remain in full force and effect for the period of one year from today's date unless withdrawn in writing by me.

INMATE SIGNATURE

DATE

WITNESS

DATE

# HEALTH ASSURANCE LLC

7-2-40  
567-58 1436

## *NURSES NOTES*

Berland, John E.

Mdx: Cancer - prostate / kidney  
61 year  
got into San Jose  
Venezuela

Rx: No rxn  
current: cb lump on  
posterior part bed cb pm  
to anterior chest area.  
- Stab was taken sub o  
Cle and testis.  
General soreness.) —  
pt

INITIAL SIGNATURE

INITIAL SIGNATURE

INITIAL SIGNATURE

**NAME- LAST**

## FIRST

### MIDDLE

## ALLERGIES.

INMATE #

## NURSE NOTES